

---

**State:** District of Columbia **First Filing Company:** The Charter Oak Fire Insurance Company, ...  
**TOI/Sub-TOI:** 20.0 Commercial Auto/20.0000 Commercial Auto Combinations  
**Product Name:** Commercial Auto  
**Project Name/Number:** Form Filing/2019-10-0009

## Filing at a Glance

Companies: The Charter Oak Fire Insurance Company  
The Phoenix Insurance Company  
The Travelers Indemnity Company  
The Travelers Indemnity Company of America  
The Travelers Indemnity Company Of Connecticut  
Travelers Casualty Insurance Company of America  
Travelers Property Casualty Company of America

Product Name: Commercial Auto  
State: District of Columbia  
TOI: 20.0 Commercial Auto  
Sub-TOI: 20.0000 Commercial Auto Combinations  
Filing Type: Form  
Date Submitted: 11/15/2019  
SERFF Tr Num: TRVD-132152319  
SERFF Status: Submitted to State  
State Tr Num:  
State Status:  
Co Tr Num: 2019-10-0009

Effective Date 04/01/2020  
Requested (New):  
Effective Date 04/01/2020  
Requested (Renewal):  
Author(s): Susan Meador  
Reviewer(s):  
Disposition Date:  
Disposition Status:  
Effective Date (New):  
Effective Date (Renewal):

**State:** District of Columbia **First Filing Company:** The Charter Oak Fire Insurance Company, ...  
**TOI/Sub-TOI:** 20.0 Commercial Auto/20.0000 Commercial Auto Combinations  
**Product Name:** Commercial Auto  
**Project Name/Number:** Form Filing/2019-10-0009

## General Information

Project Name: Form Filing	Status of Filing in Domicile: Authorized
Project Number: 2019-10-0009	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/15/2019	
State Status Changed:	Deemer Date:
Created By: Susan Meador	Submitted By: Susan Meador
Corresponding Filing Tracking Number:	

### Filing Description:

In accordance with the insurance laws and regulations in your state, we respectfully submit the attached filing for your review and consideration.

With this filing, we are submitting one new optional endorsement for use with our Commercial Automobile forms portfolio. For more detail regarding this form, please refer to our Form Transmittal Supplement.

There is no rate impact as a result of this filing.

Your approval of this filing would be appreciated. Should you have any questions regarding this submission, please feel free to contact me at your convenience.

## Company and Contact

### Filing Contact Information

Susan Meador, Sr. Regulatory Analyst	SMEADOR@travelers.com
One Tower Square	860-277-4429 [Phone]
CR16	
Hartford, CT 06183	

---

**State:** District of Columbia **First Filing Company:** The Charter Oak Fire Insurance Company, ...  
**TOI/Sub-TOI:** 20.0 Commercial Auto/20.0000 Commercial Auto Combinations  
**Product Name:** Commercial Auto  
**Project Name/Number:** Form Filing/2019-10-0009

---

**Filing Company Information**

The Charter Oak Fire Insurance Company One Tower Square Hartford, CT 06183 (860) 277-5660 ext. [Phone]	CoCode: 25615 Group Code: 3548 Group Name: The Travelers Companies FEIN Number: 06-0291290	State of Domicile: Connecticut Company Type: State ID Number:
---	---	---

---

The Phoenix Insurance Company One Tower Square Hartford, CT 06183 (860) 277-5660 ext. [Phone]	CoCode: 25623 Group Code: 3548 Group Name: The Travelers Companies FEIN Number: 06-0303275	State of Domicile: Connecticut Company Type: State ID Number:
--	---	---

---

The Travelers Indemnity Company One Tower Square Hartford, CT 06183 (860) 277-5660 ext. [Phone]	CoCode: 25658 Group Code: 3548 Group Name: The Travelers Companies FEIN Number: 06-0566050	State of Domicile: Connecticut Company Type: State ID Number:
--	---	---

---

The Travelers Indemnity Company of America One Tower Square Hartford, CT 06183 (860) 277-5660 ext. [Phone]	CoCode: 25666 Group Code: 3548 Group Name: The Travelers Companies FEIN Number: 58-6020487	State of Domicile: Connecticut Company Type: State ID Number:
---	---	---

---

The Travelers Indemnity Company Of Connecticut One Tower Square Hartford, CT 06183 (860) 277-5660 ext. [Phone]	CoCode: 25682 Group Code: 3548 Group Name: The Travelers Companies FEIN Number: 06-0336212	State of Domicile: Connecticut Company Type: State ID Number:
---	---	---

---

Travelers Casualty Insurance Company of America One Tower Square Hartford, CT 06183 (860) 277-5660 ext. [Phone]	CoCode: 19046 Group Code: 3548 Group Name: The Travelers Companies FEIN Number: 06-0876835	State of Domicile: Connecticut Company Type: State ID Number:
--	---	---

---

Travelers Property Casualty Company of America One Tower Square Hartford, CT 06183 (860) 277-5660 ext. [Phone]	CoCode: 25674 Group Code: 3548 Group Name: The Travelers Companies FEIN Number: 36-2719165	State of Domicile: Connecticut Company Type: State ID Number:
---	---	---

---

**Filing Fees**

Fee Explanation:

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	The Charter Oak Fire Insurance Company, ...
<b>TOI/Sub-TOI:</b>	20.0 Commercial Auto/20.0000 Commercial Auto Combinations		
<b>Product Name:</b>	Commercial Auto		
<b>Project Name/Number:</b>	Form Filing/2019-10-0009		

## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		EMPLOYEE REDEFINED FOR EMPLOYMENT EXCLUSIONS	CA T6 33 08 19		END	New			CA T6 33 08 19.pdf

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EMPLOYEE REDEFINED FOR EMPLOYMENT EXCLUSIONS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

The following is added to the definition of "employee" in Paragraph **F.** in the **DEFINITIONS** Section:

For purposes of the Employee Indemnification And Employer's Liability exclusion and the Fellow Employee exclusion, "employee" includes any person providing services for you or on your behalf as a driver of a commercial motor vehicle whether operating, loading, unloading, occupying or maintaining the commercial motor vehicle.

<b>State:</b>	District of Columbia	<b>First Filing Company:</b>	The Charter Oak Fire Insurance Company, ...
<b>TOI/Sub-TOI:</b>	20.0 Commercial Auto/20.0000 Commercial Auto Combinations		
<b>Product Name:</b>	Commercial Auto		
<b>Project Name/Number:</b>	Form Filing/2019-10-0009		

## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Form Transmittal Supplement
<b>Comments:</b>	
<b>Attachment(s):</b>	Form Transmittal Supplement 2019-10-0009.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

FORM TRANSMITTAL SUPPLEMENT  
2019-10-0009

Form Title	New Form	Replaced Form	Type of Form* / Line of Business / Mandatory (M) or Optional (O)	Broaden (B) Restrict (R) Clarify (C)	Description Of Form
EMPLOYEE REDEFINED FOR EMPLOYMENT EXCLUSIONS	CA T6 33 08 19	N/A	END/CA/O	R	Amends the definition of employee as it relates to the employment exclusions

\*Type of Form Legend:

**ADV** = Advertising

**ABE** = Application/Binder/Enrollment

**BND** = Bond

**CNR** = Canc/NonRen Notice

**CER** = Certificate

**DEC** = Declarations/Schedule

**DSC** = Disclosure/Notice

**ERS** = Election/Rejection/Supplemental Applications

**END** = Endorsement/Amendment/Conditions

**OTH** = Other

**PCF** = Policy/Coverage Form